

Limitation on Services

13.d. School-Based Rehabilitative Services

School-based rehabilitative services are health-related services that:

- a) address the physical or mental disabilities of a child,
- b) are recommended by health care professionals, and
- c) are identified in a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).

School-based rehabilitative services are delivered by providers approved by the Oregon Department of Education as providers of school-based health services.

School-based rehabilitative services include:

- 1) Physical and occupational therapy evaluations, and treatments
- 2) Speech evaluations and therapy treatments
- 3) Audiological services
- 4) Nursing evaluations and services
- 5) Psychological evaluations and services
- 6) Vision services

Rehabilitative services also include evaluation, screening and assessment components for those students under consideration for an IEP.

13.e. Behavior Rehabilitation Services

Behavior Rehabilitation Services are provided to children/youth to remediate debilitating psycho-social, emotional and behavioral disorders. To provide early intervention, stabilization and development of appropriate coping skills upon the recommendation of a licensed practitioner of the healing arts within the scope of their practice within the law. Prior approval is required.

Service Description.

Behavior Rehabilitation Services may be provided in a variety of settings and consist of interventions to help children/youth acquire essential coping skills. Specific services include milieu therapy, crisis counseling, regular scheduled counseling and skills training. The purpose of this service is to remediate specific dysfunctions which have been explicitly identified in an individualized written treatment plan that is regularly

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reviewed and updated. Client centered treatment services may be provided individually or in groups and may include the child's/youth's biological, adoptive or foster family. Treatment is focused upon the needs of the child/youth, not the family unit. These services may be in conjunction with or in support of any other professional treatment services the child/youth may be receiving as required by the diagnosed condition.

The services will include crisis intervention and counseling on a 24-hour basis to stabilize the child's/youth's behavior until resolution of the problem is reached, or until the child/youth can be assessed and treated by a qualified Mental Health Professional or licensed Medical Practitioner.

Regular scheduled counseling and therapy is provided to remediate specific dysfunctions which have been explicitly identified in the treatment plan.

Skill training is provided to assist the child/youth in the development of appropriate responses to social and emotional behaviors, peer and family relationships, self-care, conflict resolution, aggression reduction, anger control, and to reduce or eliminate impulse and conduct disorders.

Milieu therapy refers to those activities performed with children/youth to normalize their psycho-social development and promote the safety of the child/youth and stabilize their environment. The child/youth is monitored in structured activities which may be developmental, recreational, academic, rehabilitative, or a variety of productive work activities. As the child/youth is monitored, planned interventions are provided to remediate the identified dysfunctional or maladaptive behaviors and promote their replacement with more developmentally appropriate responses.

Population To Be Served.

The population serviced will be EPSDT eligible children/youth who have primary mental, emotional and behavioral disorders and/or developmental disabilities that prevent them from functioning at developmentally appropriate levels in their home, school, or community. They exhibit such symptoms as drug and alcohol abuse, anti-social behaviors that require close supervision and intervention and structure, sexual behavior problems, victims of severe family conflict, behavioral disturbances often resulting from psychiatric disorders of the parents, medically compromised and developmentally disabled children/youth who are not otherwise served by the State Mental Health Developmental Disability Services Division.

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Provider Qualifications.

Program Coordinator: Responsibilities include supervision of staff, providing overall direction to the program, planning and coordinating program activities and delivery of services, and assure the safety and protection of children/youth and staff.

The Minimum Qualifications- A Bachelor's Degree, preferably with major study in psychology, Sociology, Social Work, Social Sciences, or a closely allied field, and two years experience in the supervision and management of a residential facility for care and treatment of children/youth.

Social Service Staff: Responsibilities include Case Management and the development of service plans; individual, group and family counseling; individual and group skills training; assist the Child Care Staff in providing appropriate treatment to children/youth; coordinate services with other agencies; document treatment progress.

The Minimum Qualifications- A Masters Degree with major study in Social Work or a closely allied field and one year of experience in the care and treatment of children/youth, or a Bachelor's Degree with major study in Social Work, psychology, Sociology, or a closely allied field and two years experience in the care and treatment of children/youth.

Child Care Staff: Responsibilities include direct supervision and control of the daily living activities of children/youth, assisting social service staff in providing individual, group and family counseling, skills training, provide therapeutic interventions to children/youth as directed by the individual treatment plans to address behavioral and emotional problems as they arise, monitor and manage the children's/youth's behavior to provide a safe, structured living environment that is conducive to treatment.

Minimum Qualifications- Require that no less than 50% of the Child Care Staff in a facility have a Bachelor's Degree. Combination of formal education and experience working with children/youth may be substituted for a Bachelor's Degree. Child Care are members of the treatment team and work under the direction of a qualified Social Service staff or a Program Coordinator.

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State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☐ With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☐ With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☐ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☐ With limitations*

18. Hospice care (in accordance with section 1905(c) of the Act).

☒ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

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State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): AGED, BLIND, DISABLED

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations*
___ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

___ Provided: ___ With limitations*
X Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

X Provided: X Additional coverage

- b. Services for any other medical conditions that may complicate pregnancy.

___ Provided: ___ Additional coverage X Not provided.

21. Certified pediatric or family nurse practitioners' services.

___ Provided: ___ No limitations ___ With limitations*
X Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

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LIMITATION ON SERVICES

20.a. Extended Services to Pregnant Women

Pregnancy-related and post partum services provided for 60 days after the pregnancy ends include:

1. Major categories of service:

- a. inpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
- b. outpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
- c. laboratory and X-ray services, with limitations specified in Attachment 3.1-A, page 1.b;
- d. physician services, with the limitations specified in Attachment 3.1-A, page 2.a;
- e. clinic services, with limitations specified in Attachment 3.1-A, page 4.a;
- f. prescribed drugs, with limitations specified in Attachment 3.1-A, page 5.a;
- g. diagnostic services;
- h. nurse-midwife services, with limitations specified in Attachment 3.1-A, page 7.a;
- i. transportation, with limitations specified in Attachment 3.1-A, page 7.a;
- j. all emergency medical services.

2. Additional Services to Pregnant Women:

- a. An initial needs assessment to assess the basic needs of the expectant mother, provided by a licensed physician, physician's assistant, nurse practitioner, social worker, or a registered nurse with a minimum of two years of experience, or by an individual under the supervision of one of the above practitioners.
- b. Ongoing case management including development and monitoring to assist the expectant mother in obtaining and effectively utilizing the necessary health and related social services, provided by provider of a type described in Attachment 3.1-A, page 8a Section 20.a.2.a.

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LIMITATION ON SERVICES

20.a. Extended Services to Pregnant Women

2. c. High risk management provided to expectant mothers identified as being at risk for a low birth weight baby who have demonstrated an inability to follow medical treatment and other service plan parameters. Identification of risk will be made by a licensed physician or nurse practitioner with services provided by a provider of a type described in Attachment 3.1a, page 8a Section 20.a.2a.

- d. Nutritional counseling for expectant mothers who have clinical indications identified and for which adequate services are not available from a local Women Infants and Children Program (WIC), provided by a registered dietitian, or; an individual with a bachelor's degree in a nutrition related field with two years of related work experience.

- e. Home visits, requiring a home assessment and specified training and education, are available to all pregnant women. These services are limited to a maximum of four home visits per pregnancy. These services can be provided by any provider qualified for Maternity Case management Services.

- b. Services for any other medical conditions that may complicate pregnancy include:

1. Major categories of services:

- a. inpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
- b. outpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
- c. rural health clinic services and other ambulatory services, with limitations specified in Attachment 3.1-B, page 1.b;
- d. laboratory and X-ray services, with limitations specified in Attachment 3.1-A, page 1.b;
- e. physician services, with the limitations specified in Attachment 3.1-A, page 2.a;

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LIMITATION ON SERVICES (cont.)

- f. home health services, with limitations specified in Attachment 3.1-A, page 2.a;
- g. private duty nursing services, with limitations specified in Attachment 3.1-A, page 3.a;
- h. clinic services, with limitations specified in Attachment 3.1-A, page 4.a;
- i. physical therapy and related services, with limitations specified in Attachment 3.1-A, page 4.b;
- j. prescribed drugs, with limitations specified in Attachment 3.1-A, page 5.a;
- k. diagnostic services;
- l. nurse-midwife services, with limitations specified in Attachment 3.1-A, page 7.a;
- m. transportation, with limitations specified in Attachment 3.1-A, page 7.a.;
- n. all emergency medical services.

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ATTACHMENT 3.1-B
Page 8
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State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

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LIMITATION ON SERVICES (Cont.)

23.a. Transportation

All non-emergency medical transportation requires authorization of payment. Authorization of payment is not required for emergency transportation. OMAP Medical Transportation Services guide describes the services provided.

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